PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
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Attorney Docket Number	PHUS030075 Ivan Salgo		
COMPLETE IF KNOWN			
Application Number	1		
Filing Date			
Group Art Unit			
Examiner Name			
	First Named Inventor COMPL Application Number Filing Date Group Art Unit		

As a below named inventor, I hereby declare that:						
My residence, post office address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
	sive Medical Devices E			ided.		
the specification of which	(Title of th	e Invention)				
is attached hereto						
OR						
was filed on (MM/DD	□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International					
Application Number	and	was amended on (MM/DD/Y)	m	(i	applicable).	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT						
international filling date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant						
breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant						
breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application	<u> </u>	Foreign Filing Date	Priority	Certified Copy	Attached?	
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	irect all correspondence to:		28159 OR		[Correspondance address below		
Name								
Address			. 201					
City		State				ZIP		
Country			Teleph	one		F	ax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST	INVENTOR:	A petit	ion has	been f	iled for	this	unsigned inventor	
Given Name lv (first and middle [if any])		Family Name Salgo or Surname						
Inventor's Signature	Date 4/17/03			17/03				
Andover	$\sqrt{}$	МА		USA			United States	
Residence: City		State		Country			Citizenship	
500 Brookside Drive								
Mailing Address								
Andover		MA		01810	1		USA	
City		State		Zip			Country	
NAME OF SECOND INVEN	TOR: Ar	etition has b	een file	d for th	is unsi	gned	inventor	
	ernard		Fam	ily Nam urname	e Sav	vord		
Inventor's Signature		2			Date	G	41/03	
Andover		MA		USA			United States	
Residence: City		State		Country			Citizenship	
243 Highland Road								
Mailing Address		,						
Andover		MA		01810			USA	
City		State		Zip			Country	
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if an		A petition has been filed for this unsigned inventor				
Steven Given Name			Scampini Family Name or Surname			
Inventor's Signature					Date 4/17/03	
Bedford Residence: City	MA State	USA Country			United States Citizenship	
5 Redcoat Road Mailing Address						
Mailing Address	•					
_{City} Bedford	MA State		1730 ZIP	Count	ry	
Name of Additional Joint Inventor, if an	y:		A petition has be	en filed for th	is unsigned inventor	
Michael _{Given} Name			Pe amily Name or Surname	szynski		
Inventor's Signature	-				17/03 Date	
Newburyport Residence: City	MA State		ISA Country		United States Cltizenship	
4 Wilson Way Mailing Address						
Mailing Address						
Newburyport city	MA State		1950 ZIP	USA Count	ry	
Name of Additional Joint Inventor, if any:						
Given Name			illy Name urname			
Inventor's Signature					Date	
Residence: City	State		Country	_	Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	C	ountry	

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U.S. Patent and Tracement Cerce; U.S. Patent and Tracement Cerce; U.S. Cercert interference of the Community Cerce; U.S. Patent and Tracement Cerce; U.S. Patent Cerce; U.S. Patent Cerce; U.S. Patent

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b) I hereby appoint: Practitioners associated with the Customer Number: 28159 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Registration Name Number Number as attorney(e) or agent(e) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 28159 The address associated with Customer Number: OR Individual Name Address State City Country Telephone Assignce Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignes of Record no and title is supplied below is authorized to act on behalf of the assignee 02 FEB 2005 Signature Telephone (914) 333-9637 E. Marion Michael Authorized Representative Title

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes by the USPTO to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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		STATEMENT	UNDER 37 CFR 3.73(b)	10/550214
Applic	ant/Patent Owner: <u>KO</u>	NINKLIJKE PHILIPS ELECTRO	NICS N.V.	20,770224
Applic	ation No./Patent No.:	Fil	ed/Issue Date:	
Entitle	ed: Guidance of Invasive	Medical Devices By Three Dime	ensional Ultrasonic Imaging	
	kijke Philips Electronics N of Assignee)	ı.v, a	corporation (Type of Assignee, e.g., corporation, partner	ship, university, government agency, etc.)
	that it is: the assignee of the e	ntire right, title, and interest;	or	
2.	an assignee of less the The extent (by percent	nan the entire right, title and intage) of its ownership intere	interest. st is%	
in the	patent application/pate	ent identified above by virtue	of either:	
	An assignment from the United States P thereof is attached.	the inventor(s) of the patent a atent and Trademark Office	application/patent identified above. at Reel, Frame	The assignment was recorded, or for which a copy
	below: ,		pplication/patent identified above, t	
	1. From:		To: States Patent and Trademark Office	
	The document Reel	was recorded in the United S , Frame	States Patent and Trademark Office, or for which a copy thereof	at is attached.
	2. From:		To: States Patent and Trademark Office	
	The document Reel	was recorded in the United S , Frame	States Patent and Trademark Office, or for which a copy thereo	at of is attached.
	3. From:		To:	
			States Patent and Trademark Office, or for which a copy there	
[Additional docume	nts in the chain of title are lis	ted on a supplemental sheet.	
₽ Co (N	IOTE: A separate copy	or other documents in the charge (i.e., a true copy of the originate with 37 CFR Part 3, if the	ain of title are attached. inal assignment document(s)) must e assignment is to be recorded in th	be submitted to Assignment te records of the USPTO. <u>See</u>
The u	ndersigned (whose title	e is supplied below) is author	ized to act on behalf of the assigne	e. 9/21/05
		Signature	•	Date
w	. Brinton Yorks, Jr.	Reg. #28,923		425-487-7152
		Printed or Typed Name		Telephone Number
<u>_Aı</u>	uthorized Appointed Prac	titioner of Assignee Title		

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.